

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

44605

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14		13				
15		13				
16		13				
17	1					
18	t					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	15					
34	15					
35	18					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14		1			
TOTAL DEP.	96		0			
TOTAL CLAIMS	110					

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	8	/			
52		/			
53		/			
54					
55		/			
56		/			
57		/			
58		/			
59					
60		/			
61		/			
62		/			
63		/			
64		/			
65		/			
66		/			
67		/			
68		/			
69		2			
70		13			
71		2			
72		2			
73		/			
74		/			
75		5			
76		5			
77		5			
78		5			
79		5			
80		5			
81		5			
82		5			
83		5			
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.			5		
TOTAL DEP.			5		
TOTAL CLAIMS			5		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS